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## APPLICANTS

Nicolaas Karssemeijer, Beek, NETHERLANDS;  
 Alexander Caldwell Schneider, Sunnyvale, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NETHERLANDS	SHEETS DRAWING 10	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Signature _____ Initials _____					

## ADDRESS

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP  
 Seventh Floor  
 12400 Wilshire Boulevard  
 Los Angeles, CA90025-1026

## TITLE

METHOD AND APPARATUS FOR CORRECTION OF MAMMOGRAMS FOR NON-UNIFORM BREAST THICKNESS

FILING FEE RECEIVED 830	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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